

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.

: 10/628,667

Confirmation No.: 5234

Applicant

: Shigeki Ueda et al.

Filed TC/A.U. : 07/29/2003 *>* : 2636

Examiner

: Hung T. Nguyen

Docket No.

: UEDA3001/EM

AMENDMENT AND RESPONSE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This paper is in response to an Office Action of November 9, 2004. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper having the heading "Amendments to the Claims".

Remarks/Arguments begin on page 6 of this paper having the heading "Remarks/Arguments".

04/13/2005 MGORDON 00000005 020200 10628667 01 FC:1202 200.00 DA

PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003								Application or Docket Number 10632667 UEDA 2001 EM					
CLAIMS AS FILED - PART I								<u> </u>	NTITY		OTHER		
(Column 1) (Column 2)								E [OR	SMALL		
TOTAL CLAIMS			14				F	ATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	BASIC FEE 375.00		OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			22 minus 20=		<u>.</u> 2		>	X\$ 9=		OR	X\$18=	26	
INDEPENDENT CLAIMS			minus 3 =		उ			(42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	REŠENT —————————			7		140=		OR	+280=	280	
* If the difference in column 1 is less than zero, enter "0" in column 2							T	OTAL	 	OR	TOTAL	000	
2/9/0 CLAIMS AS AMENDED - PART II									<u></u>	4	OTHER	THAN	
 	1/05	(Column 1)		(Column 2		(Column 3)	SMALL			OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE	-3	RATE	ADDI- TIONAL FEE	
	Total	.26	Minus	-28	2	= 4	×	\$9-	-	OR	570 X\$ 18 =	200	
AME	Independent	· 2	Minus			-	1,	42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=		OR	+280=		
1 .								TOTAL			TOTAL	200	
(Column 1) (Column 2) (Column 3)								IT. FEE	<u> </u>	JOH.	ADDIT. FEE	000	
		CLAIMS HIGH		HIGH	EST				ADDI-			ADDI-	
AMENDMENT B		AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	##		=	×	\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	 	42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40			.000		
								40=		OR	+280=		
								IT. FEE	<u> </u>	OR	ADDIT. FEE	L	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									1 1			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***			×	42=		OR	X84=		
╟┈	TINOI PRESE	NTATION OF MI	JULIPLE DE	ENDENT	CLAIM			40=			+280=	 	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR OR	+28U=	 	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate										ADDIT. FEE		
Ì	ine "Highest Nurr	nber Previously Pai	id For" (Total o	r Independi	ent) is the	highest number	found i	the ap	propriate bo	x in col	umn 1.		